

READ THESE INSTRUCTIONS THOROUGHLY

STATE OF MINNESOTA

Board of Architecture, Engineering, Land Surveying Landscape Architecture, Geoscience, and Interior Design

85 E 7th Place, Suite 160, St. Paul, MN 55101

PHONE: (651) 296-2388 FAX: (651) 297-5310 HEARING IMPAIRED • 1-800-627-3529

**PROCEDURES FOR APPLYING FOR ADMISSION TO THE
LAND SURVEYOR (LS) BY EXAM**

Minnesota statutes and rules require Land Surveying licensees to take and pass the Fundamentals of Surveying (FS), Principles and Practice of Surveying (PS) AND Minnesota Land Surveying (MNLS) Examinations.

NEW APPLICANTS:

Submit directly to the Minnesota Board Office the following:

- Completed application for licensure as a Land Surveyor by Examination;
- One signed copy of the Rules of Professional Conduct;
- Application fee of \$75.00 (Make check payable to MN Board of AELSLAGID); **and**

○ **NCEES Council Record**

(Applicant requests professional record to be sent to the Board office electronically.)

OR

- Verification of Examination and Licensure status
 - Go to <https://verify.ncees.org> and request electronic verification of your examinations and current licensure; and
- Final official transcript(s) from colleges and universities attended must show degree received and date granted. *Official transcript must arrive at the Board office in a sealed envelope and may be sent directly from the college/university.*
- **Completed Land Surveying Experience Inventory form.** Please contact Leama Sather at 651.757.1518 or leama.sather@state.mn.us to request a Land Surveying Experience Inventory Form. The Land Surveying Experience Inventory Form is required and must be completed and submitted with your application.

RETURN APPLICANTS:

For previous applicants who have failed the exams or did not take it, please submit the following documentation:

- Completed application: Numbers 1 – 5, 12 (signed and notarized affidavit) and #13;
- **Application fee of \$75.00 (nonrefundable). Make check payable to MN Board of AELSLAGID.**
- **Updated** if applicable: **transcripts, Practical and Professional Experience Record (#9) substantiated by supervisor(s), Reference Form(s) from supervisor(s) signing off on your updated experience;** and/or Land Surveying Experience Inventory Form (if your previous application was not approved due to lack of experience.)
- NCEES record **ONLY** if updated.

READ THESE INSTRUCTIONS THOROUGHLY

APPLICATION REVIEW:

- ▶ Only complete applications with all the above documentation received will be reviewed.
- ▶ The National Council of Examiners for Engineers and Surveyors (NCEES) administers the exam in Minnesota. Your application must be reviewed and approved by the Board before you are given instructions to register online with NCEES Exam Administration Services.
- ▶ You will receive a letter with instructions regarding payment and registration for the examination and it is your responsibility to register for the examination before the posted deadline.

EXAMINATION MATERIALS:

NCEES has examination study material to assist in preparation for the exam. Applicants may download subject content, calculator policy, and study guide material directly from the NCEES website: www.ncees.org/exams/fundamentals.

SPECIAL ACCOMMODATIONS:

Information regarding accommodation requests based on religious beliefs and practices and requests under the Americans with Disabilities Act (ADA) is posted on the NCEES website, www.ncees.org, under Special Testing Accommodations. Check the website for request deadlines.

EXAM DATES AND DEADLINES ARE POSTED ON THE BOARD'S WEBSITE

Applicant Name _____

STATE OF MINNESOTA
BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING,
LANDSCAPE ARCHITECTURE, GEOSCIENCE AND INTERIOR DESIGN

85 EAST 7TH PLACE, SUITE 160, ST. PAUL, MN 55101-2113

PHONE: (651) 296-2388 FAX: (651) 297-5310

HEARING IMPAIRED • 1-800-627-3529

FOR BOARD'S USE ONLY
Application Number
Date Application Received
Application Fee \$

Application for
Professional Surveyor by Examination
Application Fee: \$75

Checks payable to **MN Board of AELSLAGID**

FOR BOARD'S USE ONLY
License Number
License Fee \$
Date License Issued

DATA PRACTICES ACT WARNING

The data which you furnish on this form will be used by the Minnesota State Board of AELSLAGID to assess your qualifications for licensure. You are not legally required to provide this data; however, if you fail to do so, the Board of AELSLAGID may be unable to process this application. After issuance of a professional license, the information contained in this application will be public information, pursuant to Minnesota Statutes, Chapter 13. Under Minnesota Statutes, Chapter 13, Social Security Numbers are not public information.

All Information, EXCEPT SIGNATURE, Must Be Printed In Ink or Typewritten**1. Personal Information – Please complete all sections**Are you or your spouse an active member of the U.S. military? ☐ No ☐ Yes (priority processing)

Last Name		First Name		Middle Name	Social Security Number (required)	
Former Name			Gender Male Female		Date of Birth (month, day, year)	
Mailing Street Address		Apt/Suite #	City		State	Zip Code
Is Mailing Address Home or Business?		Business Name, if mailing address is Business			Contact Phone Number	
Present Employer			Present Position			

2. Do you currently hold a license in Minnesota? ☐ Yes ☐ No

If yes, for what profession? _____ License #: _____

3. Have you ever taken any part of this examination in Minnesota? If yes, when?
☐ No ☐ Yes
 _____ (Mo/Yr) _____ (Mo/Yr) _____ (Mo/Yr) _____ (Mo/Yr) _____ (Mo/Yr)
4. Have you ever had a license disciplined, denied, surrendered, suspended or revoked?
☐ No ☐ Yes (If yes, please provide a separate statement of explanation.)
5. Will you be submitting an NCEES Council record? ☐ Yes* ☐ No

*If YES, skip to # 12.

Applicant Name _____

6. List other states in which you hold an architect, professional engineer, land surveyor, landscape architect, professional geologist or professional soil scientist license:

State(s) Licensed in:	Data Pertaining to License(s)				Check method for (each) license			
	Profession (including discipline of Engineering)	License Number	Mo. And Year Issued	Is License Current	Written Exam. (No. of hours)	Oral Exam.	Exemption (Grand-father Clause)	Comity

7. Education

All statements must be substantiated by submitting an official transcript from each educational institution. Transcripts must arrive in a sealed envelope from the institution.

College or University (Include night or extension work below)	Name and Location of Institution:	Month and Year		Date of Graduation	Degree Received
		From	To		

Postgraduate Work	Describe any postgraduate work, giving name of institution, nature of work and degree(s) received.

Extension, Night or Correspondence Courses	Give name of institution, courses pursued, dates and indicate whether course was completed.

8. Land Surveyor In-Training Examination

The State in Which You Passed the Exam	In-Training #	Month & Year Issued	Number of Hours of Exam	Were you granted a Waiver of the FS exam?

9. Practical and Professional Experience

On the following pages, print or type a complete record of your entire professional experience in chronological order. Use one copy per employer by making additional copies of the form. Account for all time from receipt of your degree to the present. Include any intern or co-op experience prior to graduation. All gaps in employment must be explained. ***You must also obtain the Land Surveying Inventory Form from the Board office to complete.**

Applicant Name _____

Practical and Professional Experience Record

Complete all information for each assignment or engagement. Description of work must accurately describe the character of the work, the degree of responsibility and the location of the work (including clients).

NOTE: Attach a copy of your Practical and Professional Experience Form AND your Land Surveying Inventory Form to each Reference Form before distributing to your employers. Please DO NOT send your entire application to your employers.

Name of Employer: _____ Position Title: _____

Address of Employer: _____

Name of Supervisor or Person to Whom You Reported: _____

Title of Supervisor or Person to Whom You Reported: _____

Profession of Supervisor/Person to Whom You Reported: _____

License Number of Supervisor/Person to Whom You Reported: _____

Dates of Employment: ____ / ____ / ____ to ____ / ____ / ____ Hours worked per week: _____

Description of Work (Attach additional sheets as needed):

Supervisor must initial next to areas of work which he/she can substantiate	Describe your work in detail, including character of work, the degree of responsibility, the location of the work and clients.

10. How are the land surveying activities you are doing now different in variety and complexity from those performed when you first began working as a land surveyor?

11. REFERENCES

Give the names and addresses of five references, other than relatives or members of this Board, having personal knowledge of applicant's good moral character and repute, and professional reputation. At least three of such references should be licensed in the profession in which licensure is sought. These five references should be the same individuals who can verify your qualifying work experience and to whom you send the Employment Reference Forms.

Name	Address (street and number, city, state, zip)	State(s) Licensed in	Profession (including discipline of engineering)

Applicant Name _____

12. AFFIDAVIT FOR LICENSE OR CERTIFICATE IN MINNESOTA

This form of attestation must be filled in by applicant before the notary public.

State of _____

County of _____

I, _____, being duly sworn, do hereby depose and swear that:

1. I have read and will comply with the provisions of Minnesota Statutes §§ 326.02 – 326.15 (2012) and the Rules and Regulations adopted thereunder;
2. I am not now under any disciplinary proceeding or action, pending or otherwise, in any other jurisdiction;
3. I have never been convicted of a felony;
4. I have not represented myself as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer, without proper licensure or certification, either verbally or on any printed matter, in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design; and
5. I have not performed or offered to perform architectural, professional engineering, land surveying, landscape architectural, professional geological, professional soil scientific, or certified interior designer services, without proper licensure or certification in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design.

Signature of Applicant

Notary Public
Stamp or Seal

SUBSCRIBED and sworn to before me this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public Signature

RECORD OF BOARD (This space not to be used by applicant.)

Application Withdrawn Date:

RECOMMEND DENIAL OF APPLICATION

Board Member Signature

Date Signed:

RECOMMEND APPROVAL OF APPLICATION

Board Member Signature

Date Signed:

13. RULES OF PROFESSIONAL CONDUCT

Read, sign and return this document with your application

1805.0100 PROFESSIONAL CONDUCT.

Subpart 1. **Purpose.** This rule of professional conduct is adopted for the purpose of implementing the laws and rules governing the practice of architecture, engineering, land surveying, landscape architecture, and geoscience including Minnesota Statutes, section 326.11.

Subp. 2. **Scope.** This rule is applicable to and binding upon each person, corporation, or partnership subject to the regulatory jurisdiction of the board and each person subject to the control of the licensee.

Subp. 3. **Imputed knowledge of professional responsibility.** Each licensee who holds a certificate of licensure issued by the board is charged with knowledge of this rule. In the exercise of the privileges and rights granted by the certificate of licensure, the licensee shall conform professional conduct to the public and to the board in accordance with the provisions of this rule, and shall, as a condition of licensure, subscribe to and agree to conduct the practice in accordance with the provisions of this rule.

1805.0200 PERSONAL CONDUCT.

Subpart 1. **Public confidence and personal integrity.** A licensee shall avoid any act which may diminish public confidence in the profession and shall, at all times, conduct himself or herself, in all relations with clients and the public, so as to maintain its reputation for professional integrity.

Subp. 2. **False statements and nondisclosure.** A licensee shall not submit a materially false statement or fail to disclose a material fact requested in connection with the application for certification or licensure in this state or any other state.

Subp. 3. **Knowledge of unqualified applicants.** A licensee shall not further the application for certification or licensure of another person known by the licensee to be unqualified in respect to character, education, or other relevant factor.

Subp. 4. **General prohibitions.** A licensee shall not:

A. circumvent a rule of professional conduct through actions of another;

B. engage in illegal conduct involving moral turpitude;

C. engage in conduct involving dishonesty, fraud, deceit, or misrepresentation;

D. engage in conduct that adversely reflects on the licensee's fitness to practice the profession; or

E. permit the licensee's name or seal to be affixed to plans, specifications, or other documents which were not prepared by or under the direct supervision of the licensee.

1805.0300 CONFLICT OF INTEREST.

Subpart 1. **Employment.** A licensee shall avoid accepting a commission where duty to the client or the public would conflict with the personal interest of the licensee or the interest of another client. Prior to accepting such employment the licensee shall disclose to a prospective client such facts as may give rise to a conflict of interest.

Subp. 2. **Compensation.** A licensee shall not accept compensation for services relating or pertaining to the same project from more than one party unless there is a unity of interest between or among the parties to the project and unless the licensee makes full disclosure and obtains the express consent of all parties from whom compensation will be received.

Subp. 3. **Gifts.** A licensee shall not, directly or indirectly, solicit or accept any compensation, gratuity, or item of value from contractors, their agents, or other persons dealing with the client or employer in connection with the work for which the licensee has been retained without the knowledge and approval of the client or the employer.

1805.0400 IMPROPER SOLICITATION OF EMPLOYMENT.

A licensee shall seek and engage in only the professional work or employment the professional is competent and qualified to perform by reason of education, training, or experience.

A licensee shall not falsify or misrepresent the extent of the licensee's education, training, experience, or qualifications to any person or to the public; nor misrepresent the extent of the licensee's responsibility in connection with any prior employment.

A licensee shall not transmit, distribute, or publish or allow to be transmitted, distributed, or published, any false or misleading information regarding the licensee's own qualifications, training, or experience or that of his or her employer, employees, associates, or joint venturers.

A licensee shall not tender any gift, pay, or offer to pay, directly or indirectly, anything of substantial value, whether in the form of a commission or otherwise, as an inducement to secure employment. A licensee is not prohibited from paying a commission to a licensed employment agency for securing a salaried position.

1805.0500 FALSE OR MALICIOUS STATEMENTS.

A licensee shall make no false or malicious statements which may have the effect, directly or indirectly, or by implication, of injuring the personal or professional reputation or business of another member of the profession.

1805.0600 KNOWLEDGE OF IMPROPER CONDUCT BY OTHERS.

A licensee who has knowledge or reasonable grounds for believing that another member of the profession has violated any statute or rule regulating the practice of the profession shall have the duty of presenting such information to the board.

A licensee, when questioned concerning any alleged violation on the part of another person by any member or authorized representative of the board commissioned or delegated to conduct an official inquiry, shall neither fail nor refuse to divulge such information as the licensee may have relative thereto.

1805.0700 ACTION BY OTHER JURISDICTION.

Convictions of a felony without restoration of civil rights, or the revocation or suspension of the certificate of licensure of a licensee by another jurisdiction, if for cause which in the state of Minnesota would constitute a violation of law or of these rules, shall be deemed to be a violation of these rules of professional conduct. Any licensee adjudged mentally incompetent by a court of competent jurisdiction shall, until restored to mental competency, be deemed to be incompetent to practice the profession within the meaning of Minnesota Statutes, section 326.11, subdivision 2.

1805.0800 EMPLOYMENT ON THE BASIS OF MERIT.

A licensee as an employer, shall refrain from engaging in any discriminatory practice prohibited by law and shall, in the conduct of the business, employ professional personnel solely upon the basis of merit.

1805.0900 MISCONDUCT.

Misconduct within the meaning of Minnesota Statutes, section 326.11, subdivision 1 shall include any act or practice in violation of the rules of professional conduct as set forth in parts 1805.0100 to 1805.0800.

Date: _____

Signature: _____

Print Full Name: _____

Rules of Professional Conduct

Keep this document for your records.

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A licensee shall not transmit, distribute, or publish or allow to be transmitted, distributed, or published, any false or misleading information regarding the licensee's own qualifications, training, or experience or that of his or her employer, employees, associates, or joint venturers.

A licensee shall not tender any gift, pay, or offer to pay, directly or indirectly, anything of substantial value, whether in the form of a commission or otherwise, as an inducement to secure employment. A licensee is not prohibited from paying a commission to a licensed employment agency for securing a salaried position.

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Instructions to Applicants Regarding the Submission of Reference Forms For Applicants without an NCEES certificate record.

Print and complete five reference forms **according to instructions given below**.

1. Type the name of the reference to whom you are sending the form. References should be supervisors who can verify work experience. In the case of your own firm, please use clients or other licensed professionals you have worked with.

2. Type your name and read, sign and date the Authorization to Release.

The remainder of the page is to be completed by the reference.

3. Send the Reference form to the Reference:

- Attach a copy of the “Practical and Professional Experience Record” and “Land Surveying Inventory Form” that you are submitting with your application to the Board.
- **Do NOT** send your entire application to your references!
- Advise each reference to **initial** the part(s) of your Experience Record and Inventory Form with which the reference has personal knowledge.
- Failure of the reference to initial the portion(s) of the experience record with which the reference has personal knowledge will result in the voiding of that reference.
- Include a stamped envelope addressed to the Board office. Your references must return the Reference Form and their initialed copy of the Experience Record and Inventory Form directly to the Board office.

If you have questions regarding the reference form process, contact Leama Sather at 651-757-1518.

Name of Reference: _____ Applicant Name: _____

EMPLOYMENT REFERENCE FORM
This form must be completed thoroughly.

APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO EMPLOYER.

I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference on this form with respect to my background and character. I invite full and complete response to all inquiries. I release the reference source(s) and recipients(s) from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board of AELSLAGID by the reference.

Signed: _____ Date: _____

The above named applicant has submitted an application to the Minnesota Board for licensure as a Land Surveyor under the Act to regulate the Practice of Architecture, Professional Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design, Minnesota Statutes Sections 326.02 to 326.15.

The Applicant has referred to you as having knowledge of his/her personal and professional qualifications. The Board requests your cooperation in making its evaluation of the applicant more complete by giving a true answer to the following questions. These answers are to be given by you of your own personal knowledge, without assistance from the applicant. The record of the applicant, as recorded here by you, will be accepted by the Board as a deliberate act made for the express purpose of acquainting the Board with the facts, as you see them, relative to the applicant's competency to practice the profession for which she/he has applied for licensure. All information secured from references is for use by the Board. **Complete all of the information requested below and make any additional comments that may be of value to the Board in evaluating this application.**

1. How many years have you known the applicant? _____

2. What is the applicant's usual and customary occupation? _____

3. Has the applicant ever rendered you professional service(s) as a(n):

___ Architect ___ Professional Engineer ___ Land Surveyor ___ Landscape Architect
___ Professional Geologist ___ Professional Soil Scientist

What year? _____ Explain the nature of the service provided: _____

4. What has been your association with the applicant?

___ Employer ___ Employee ___ Business Partner ___ Professional Associate ___ Client

- During what specific period of time (month/year to month/year): _____
- Explain the nature of the association: _____

Date: _____

Profession & Discipline: _____

Signature: _____

Remarks: _____

Printed Name: _____

Licensed in the state(s) of: _____

INSTRUCTIONS TO INDIVIDUAL PROVIDING REFERENCE:

Complete, sign and return this form to the Board office at 85 E. 7th Place, Suite 160, St. Paul, MN 55101 as soon as possible. This form must accompany the Practical and Professional Experience page(s) and Land Surveying Inventory Form on which you initialed next to the applicant's work experience you can substantiate.

VERIFICATION OF EXAMS AND CURRENT LICENSURE

Return To: Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture,
Geoscience and Interior Design (MN Board of AELSLAGID)
85 E. 7th Place, Suite 160
St. Paul, MN 55101-2113

From:

(Name of verifying Board)

Address:

(Full Name of Applicant)

Address of Applicant:

XXX-XX-

(Last 4 digits of social security number)

THE FOLLOWING INFORMATION COMPLETED BY VERIFYING BOARD ONLY

I. THE ABOVE NAMED PERSON WAS REGISTERED AS:

	CERTIFICATE/ LICENSE NUMBER	DATE ISSUED	VALID UNTIL
<input type="checkbox"/> Engineer In-Training.....	_____	_____	_____
<input type="checkbox"/> Professional Engineer.....	_____	_____	_____
<input type="checkbox"/> Structural Engineer.....	_____	_____	_____
<input type="checkbox"/> Land Surveyor In-Training.....	_____	_____	_____
<input type="checkbox"/> Land Surveyor.....	_____	_____	_____

II. BASIS OF REGISTRATION:

1. <input type="checkbox"/> Written Examination:	<u>HOURS</u>	<u>RESULTS</u>	<u>NCEES</u> (Yes/No)	<u>EXAM DATE</u>
• Fundamentals of Engineering (FE)	_____	_____	_____	_____
• Princ. & Prac. of Engineering (PE)	_____	_____	_____	_____
• Fundamentals of Surveying (FS)	_____	_____	_____	_____
• Principles of Surveying (PS)	_____	_____	_____	_____

Examination Discipline: _____

Oral Examination/Interview: PE _____ hrs. / LS _____ hrs. / Structural _____ hrs.

Other: _____

2. ☐ FE/FS Accepted from State of _____
3. ☐ PE/PS Accepted from State of _____
4. ☐ Comity with State of _____

III. INVESTIGATIONS AND/OR COMPLAINTS (must be answered):

Has formal disciplinary action ever been taken against the above-named individual?

No _____ Yes _____ (If yes, please give details on reverse side.)

BY: _____

BOARD SEAL

TITLE: _____ DATE: _____

IF FEE IS REQUIRED, PLEASE NOTIFY APPLICANT, BUT DO NOT DELAY PROCESSING OF THIS FORM.

A BRIEF SUMMARY OF YOUR RIGHTS UNDER THE AMERICANS WITH DISABILITIES ACT

INTRODUCTION

The Americans with Disabilities Act ("ADA") covers "public entities." The Board is a "public entity" covered by the ADA. The Board may not refuse to allow a person with a disability to take the examination simply because the person has a disability. It must permit persons with disabilities to take the examination in an integrated setting unless separate or different measures are necessary to ensure equal opportunity. It must eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to take the examination.

WHO IS COVERED?

The ADA provides comprehensive civil rights protection for "qualified individuals with disabilities." An "individual with a disability" is a person who: 1) has a physical or mental impairment that substantially limits a "major life activity," 2) has a record of such an impairment, or 3) is regarded as having such an impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Individuals who currently engage in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of their current illegal use of drugs.

A "qualified" individual with a disability is one who meets the essential eligibility requirements for the examination. The Board is not required to take any action that would result in a fundamental alteration in the nature of the examination or an undue financial and administrative burden. However, the Board must take any other action, if available, that would not result in a fundamentals alteration or undue burdens but would ensure that individuals with disabilities receive the benefits or services.

WHAT IS REQUIRED?

The Board is required to make reasonable modifications in any policies, practices, and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration in the examination would result. To do so, it must furnish auxiliary aids and services when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result. The Board may not place special charges on individuals with disabilities to cover the costs of measures necessary to ensure nondiscriminatory treatment, such as making modifications required to provide program accessibility or providing qualified interpreters. Finally, it must operate the examination so that, when viewed in its entirety, it is readily accessible to and usable by individuals with disabilities.

Integration of individuals with disabilities into the mainstream of society is fundamental to the purposes of the ADA. The Board may not provide the examination to individuals with disabilities through programs that are separate or different, unless the separate programs are necessary to ensure that the benefits and services are equally effective. Even when separate programs are permitted, an individual with a disability still has the right to choose to participate in the regular program. The Board cannot require an individual with a disability to accept a special accommodation or benefit if the individual chooses not to accept it.

QUESTIONS?

If you have any questions about the ADA we encourage you to call the United States Department of Justice, which has an ADA information line, at (202) 514-0301 (voice) or (202) 514-0381/0383 (TDD). These telephone numbers are not toll-free numbers.

AUTHORIZATION TO RELEASE APPLICANT INFORMATION

MINNESOTA BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING, LANDSCAPE ARCHITECTURE,
GEOSCIENCE AND INTERIOR DESIGN
(AELSLAGID)
85 East Seventh Place, Suite 160
St. Paul, MN 55101

Applicant data is classified as private or confidential under the Minnesota Data Practices Act. However, **I hereby waive my rights under the Minnesota Data Practice Act and authorize** the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design (Board) to provide information contained in my application materials, including any documents, to

(insert name of the individual who may receive information).

I understand that I am not legally required to sign this form. The purpose of this authorization is to facilitate the processing of my application. This authorization automatically expires one year after this date.

Signature of Applicant

Printed Name of Applicant

Date

**** THIS FORM IS NOT REQUIRED. Complete only if you intend for someone besides yourself to contact the Board office for the status of your application (i.e. administrative assistant, spouse, etc.).**